

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90211 001 \*\*\*\*\*5.00  
 05-07-2002 90211 002 \*\*\*\*\*50.00

**DOCUMENT # L01000004757**

1. Entity Name

**RIVERS BELL BUILDING, LLC**

Principal Place of Business

1695 METROPOLITAN CIRCLE #2  
 TALLAHASSEE FL 32308

Mailing Address

1695 METROPOLITAN CIRCLE #2  
 TALLAHASSEE FL 32308

2. Principal Place of Business

1520 Killbuck Center Blvd

3. Mailing Address

1520 Killbuck Center Blvd.

Suite, Apt. #, etc.

Ste 200

Suite, Apt. #, etc.

Ste 200

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32309

Country

U.S.

Zip

32309

Country

U.S.

4. FEI Number

59-3718130

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RIVERS, REBEKAH  
 239 THORNBERG DR.  
 TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

414 Summerbrooke Dr.

City

Tallahassee,

FL

Zip Code

32312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☒ Addition

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 CITY-ST-ZIP

☐ Change

☐ Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Kathryn G. Bell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/02 850-222-8193